

United States Bankruptcy Court
P.O.Box 61288, Houston TX 77208

SOUTHERN DISTRICT OF TEXAS
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation <small>Place an "X" beside the name of the Debtor you are filing a claim against</small>		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	<i>attached</i> United States Bankruptcy Court Southern District of Texas FILED AUG 21 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): MEREDITH L. DAVIS 929 SUNSET DRIVE BOWLING GREEN, OH	<input checked="" type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: MEREDITH L. DAVIS 929 SUNSET DRIVE BOWLING GREEN, OH 43402 Ph: (419) 352-4037	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:	<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim, dated: _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: <u>303 - 07 - 9967</u> Unpaid compensation for services performed from _____ to _____ <u>923.52 annually</u>	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>923.52 yearly</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>923.52 yearly</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date 8-19-2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): <i>Meredith L. Davis</i>		001342
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

STAGE STORES INC.
(Bealls – Palais Royal – Stage)
BENEFITS DEPARTMENT
PO Box 35167
Houston, TX 77235-5167

February 8, 1999

Meredith & Gloria Davis
929 Sunset
Bowling Green, OH 43402

Dear Meredith & Gloria:

Once again, it is the time for you to send proof of coverage for your Medigap Policy for 1999. I apologize for the lateness in this letter being sent.

Once I receive the necessary information, a check up to the amount of \$923.52 will be forwarded to you, dependent upon the cost of the Medigap policy. As in the past, if the annual premium is greater than this amount, it is your responsibility to pay the difference.

Should you have any questions, please contact me at (800) 797-2817 or (713) 218-4515.

Sincerely,



Sandra J. Moore
Sr. Benefits Administrator

STAGE STORES INC.
(Bealls – Palais Royal – Stage)
BENEFITS DEPARTMENT
PO Box 35167
Houston, Tx 77235-5167

January 14, 2000

Meredith & Gloria Davis
929 Sunset
Bowling Green, OH 43402

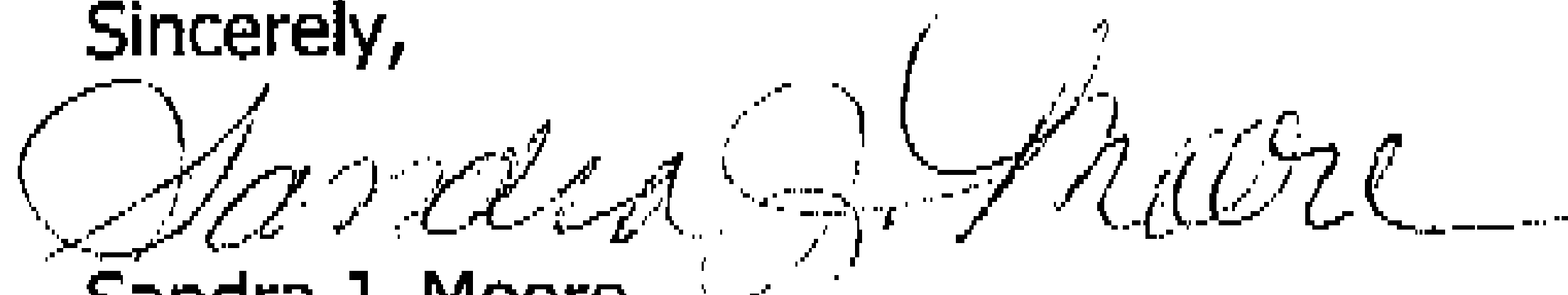
Dear Meredith & Gloria:

With each new year comes the request from Stage Stores Inc. for continuing proof of coverage for your Medigap Policy for 2000.

Once I receive verification of your continued coverage, a check up to the amount of \$923.52 will be forwarded to each of you. The amount depends on the cost of the Medigap policy. As in the past, if the annual premium for the Medigap policy is greater than \$923.52, it is your responsibility to pay the difference.

If you have any questions or concerns, please contact me at (800) 797-2817 or (713) 218-4515.

Sincerely,



Sandra J. Moore
Sr. Benefits Administrator